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NIGERIA

Health Minister Bars Revealing AIDS Victims' Identities

54000024 *Lagos DAILY TIMES in English*
27 Oct 88 p 12

[Article by Lucky Nwankwere and Laide Shokunbi]

[Text] Nigerians will continue to be in the dark as to the identities of victims of the AIDS disease, unless victims are willing to expose themselves.

This was indicated by Health Minister, Professor Olikoye Ransome-Kuti, when he spoke with newsmen in his office in Lagos on Tuesday.

Professor Ransome-Kuti said that the code of confidentiality to which physician subscribe does not permit any medical practitioner to reveal the identity of a patient, "and in the event of a breach of this code, the offender may be taken to court."

The minister pointed out that identified AIDS sufferers in Britain and America must have sanctioned the publishing of their identities in the news media, and suggested that the same would be possible in Nigeria if victims cooperated.

Besides, he said, cases of AIDS were not so rampant in the country, admitting that government campaign against the disease was to check reckless sexual behavior.

Asked about the steps being taken to formulate a national policy on AIDS, Professor Ransome-Kuti said it was too early for such a document since, to produce it, comprehensive information about the subject must be available.

SENEGAL

AIDS Victims in Country Number 131

54000006a *Dakar WAL FADJRI in French*
30 Sep 88 pp 5-6

[Article by Ousseynou Gueye: "The Virus Becomes Entrenched"; first paragraph is WAL FADJRI introduction]

[Text] Given the existence of other more widespread and more fatal illnesses, AIDS cannot yet be an absolute priority in our health policy. Yet when one measures the spread of the gangrene in our society, it is a priority nonetheless.

"AIDS (acquired immune deficiency syndrome) won't happen to me." There are many people today who still think that way. Talk to them about the disease and they very quickly banish the thought with a wave of their hand. Yet it is a serious mistake to close one's eyes, for there is no doubt that AIDS is among us.

In Senegal, official statistics report 131 people afflicted with the disease, while the WHO counts some 111,000 cases around the world, over 14,000 on the African Continent. At the end of last year, our figures peaked at 66 cases. We have nearly double that many today.

That gives you some idea how quickly AIDS progresses. It has, moreover, become "the greatest epidemic of the last 50 years." Just 2 years ago, Senegal had only six cases of AIDS. The speed at which it is spreading is therefore becoming alarming. According to Professor Souleymane Mboup, president of the Seroepidemiological Surveillance Committee, "detected AIDS cases are only the tip of the iceberg." Indeed, it is estimated that there are 3 to 5 times as many people with other symptoms of AIDS-virus infection, putting the figure in the neighborhood of 500 cases. Likewise, according to the WHO, 5 to 10 million people around the world are carrying the virus and are capable of transmitting it despite their lack of symptoms. Of this number, around 30 percent will come down with the disease in the next 7 years.

At the rate at which the disease is developing, a good portion of the active population, especially in Africa, may perish. According to the annual report of the Panos Institute (an independent information organization specializing in development problems), the world's people are becoming infected with the AIDS virus at the rate of one per minute. For 1988 alone, the report estimates that 150,000 cases will be recorded, that is, as many as in all other years combined since the appearance of the epidemic in 1981.

Major Scourge

AIDS is caused by a virus particle composed of a small envelope and a genome that allows the virus to multiply and adapt to the human body. The virus attacks primarily T4 lymphocytes, that is, strategic cells whose task is to protect against invaders such as bacteria, microbes, etc. As a consequence, the organism's immune system is seriously damaged, leaving the victim unable to protect himself against certain infections. Germs and viruses which would not ordinarily cause illness will seize "the opportunity" to invade and trigger serious, so-called opportunistic infections which can lead to death.

Two types of viruses have been isolated as transmission vectors of the disease: HIV 1, very widespread in America, Europe, and Central and East Africa; and HIV 2, a variety detected primarily in West Africa. The HIV 2 found in Senegal in 95 percent of seropositive individuals seems less pathogenic. Not one subject in the group of seropositive prostitutes followed by Professor Mboup has yet developed the disease.

The AIDS virus is transmitted through sexual relations with an infected person. For the virus to pass from donor to receiver, there must be lesions in the mucous membrane that is in contact with the sperm or vaginal secretions. Another mode of transmission is via blood

transfusions and drug injections, or medicinal shots and unsterilized cutting instruments. Likewise, transmission from an infected mother to her child is possible during pregnancy or childbirth, principally through the blood in the placenta. According to Dr. Ndoeye, this occurs in 40 to 50 percent of the cases.

Because of the way the virus infects cells by attacking lymphocytes, the organism's guiding force, finding a vaccine is extremely difficult. At the present, despite the enormous resources deployed by research institutes, researchers have not yet succeeded in finding a remedy to this major scourge. The sole product developed, the retro virus (AZT), only retards the disease. But it is expensive. For a single patient, treatment with this product costs two and a half million francs a year.

Even detection remains difficult. Two techniques are generally used: one is the Elisa (enzyme-linked immunosorbent assay), which is not 100 percent reliable. When results are positive, tests must then be confirmed using a Western blot test. The cost of AIDS testing is very high. Analyses cost about 60,000 francs, but Professor Mboup's service will perform them free of charge.

There are also clinical indications by which AIDS can be recognized. Major clinical signs such as loss of more than 10 percent of body weight, chronic diarrhea for over a month, prolonged fever, and minor symptoms such as persistent cough, ganglions, etc. are noted. To avoid confusion and diagnostic errors, however, the WHO has defined criteria on which doctors can base a diagnosis of AIDS. The patient must present two major and one minor symptom. Since no treatment is in sight for another 5 to 10 years according to the most optimistic forecasts, the keyword is prevention. Once a person is afflicted with the AIDS virus, death is certain. Of the 131 patients counted in Senegal, 47 have already died. It is therefore as individuals that we are all called to fight against the spread of this disease.

Although AIDS spreads rapidly, it can be overcome through effective prevention. This entails making blood banks safe by detecting HIV-seropositive blood donations. This kind of prevention requires equipment and materials to detect the virus and provision of hospitals and clinics with IV fluids. Most regional hospitals already have this equipment and others will be provided with it soon. All needles and cutting instruments must also be sterilized.

Prevention of sexual transmission, which is the major mode of propagation of the virus, is also necessary. According to Dr. Ndoeye, CNPS (National Committee to Prevent AIDS) coordinator, "preventing the sexual transmission of AIDS requires destigmatizing the notion of sexually transmitted diseases." Specialists recommend three solutions to prevent the disease: total abstinence, faithfulness among couples, and the use of condoms.

There is also prevention of transmission from mother to child. This is the most difficult component to achieve. Certain seropositive mothers would have difficulty understanding that they are being forbidden to conceive. Yet their health is at stake, for pregnancy in a seropositive woman can trigger the disease. Likewise, the child can contract AIDS. For all these reasons, contraception is recommended for seropositive women. Contraceptive methods are advised for the high-risk population whose seropositivity rate is 15.9 percent: these are the prostitutes, carriers of sexually transmitted diseases (STD).

It is only through these preventive methods that the epidemic will be perceptibly diminished. But activities associated with testing and vaccine research still need to be made more ethical. Some private laboratories have produced fantastic diagnoses which Professor Mboup's laboratory services have invalidated. AIDS siphons off enormous resources and certain individuals quickly seized the opportunity to enrich themselves. Dr. Ndiaye thus preaches greater rigor and stricter control of blood-testing laboratories.

To successfully prevent the disease, the National Multidisciplinary Prevention Committee established in July, 1987 has drafted a national program for the short and medium term. A drive to educate the public is also underway. It began with a seminar for print, radio, and television journalists who will be responsible for conveying the message to the general public. The goal of the information phase will be to educate the population to show them that certain behaviors leave them vulnerable to HIV infection.

But AIDS must not give rise to such paranoia that it leads to rejection of patients. On the contrary, they must be integrated into society and receive assistance that will prevent them from transmitting the HIV virus. According to the CNPS, "Exclusion of these people would be unjustified from a public health standpoint and would seriously compromise educational and other measures to prevent HIV in the population." Infection with the virus cannot, in fact, occur through simple contact during normal social relations. We are all concerned and we must act together to try to eradicate this scourge.

Malaria Cases for First Half of 1988 Reported

54000006b Dakar LE SOLEIL in French 19 Oct 88 p 2

[Text] Discussing the prevalence of malaria in the country, Dr. Fode Diouf, director of the Large-Scale Endemic Diseases Service, indicated that the illness has until now been less common in the north, becoming more and more frequent as one moves down toward the center and south. These variations in prevalence are due to greater rainfall in the south where water is a significant factor in the multiplication of the mosquitoes and, more precisely, female Anopheles that are the vector-agents.

However, unless certain measures are taken, this traditional schema may be turned on its head as the north of the country, with its newly constructed dams, is transformed into a popular focal point for malaria's agents. Moreover, the doctor continued, other scourges such as onchocercosis and bilharziasis may break out on a large scale in the north in the future if an appropriate concurrent health policy is not implemented very soon. The same warning cry is also valid for minidams in the south and other river regions.

Malaria prophylaxy seems to be under good control today on a national scale. Medical-social centers, health centers, dispensaries, and regional hospitals send all the data on this disease fairly regularly to Dakar. These computer-gathered data are forwarded to two different places: the Large-Scale Endemic Diseases Service (SGE) and the Planning and Educational Research Administration (DRPF), an organization specializing in health statistics.

The anti-parasite service (SLAP), which is based in Thies, also contributes to the study of problems associated with malaria. The aim of the various organizations thus established, and particularly with respect to large-scale endemic diseases, is to lower the mortality and morbidity rate of malaria by 75 percent.

As Oumar Ba, state nurse, informed us after checking his computer, there were 32,655 cases of malarial fever in 1987, for which only 15 to 16 deaths were recorded. This proves once again that all the health regions are effectively combatting the disease through their different organizations.

Between January and July of 1988, a total of 7,255 cases of malaria were treated by these same organizations. This time, there were no deaths as during the previous year. This on-the-whole encouraging picture, however, must be regarded with some caution, particularly as some regions are occasionally behind in forwarding their statistical status.

Moreover, many Senegalese in rural regions make do with traditional pharmacopia instead of traveling to the nearest health station.

SOUTH AFRICA

AIDS Center Set Up for Private Sector
54000025a Johannesburg BUSINESS DAY in English
21 Nov 88 p 2

[Article by Dianna Games]

[Text] An AIDS advisory board comprising a panel of experts from the private sector has been established to advise companies on strategies to adopt in the face of the AIDS onslaught.

The board falls under the local branch of the US-based AIDS Policy Research Centre, whose head Chester Nagle visited SA recently with the intention of setting up an African branch.

The centre and its board members are compiling a manuscript detailing the impact of AIDS on the members' specific fields—including cultural, economic and medical—which is to be given to clients.

Dr Jack von Niftrik, who heads up the centre's Africa branch, said the board was already involved in discussions with several large companies. The board would not actively market itself but would rely on "word of mouth."

The board will devise tailor-made policies for clients related to the company's specific problems where AIDS might be concerned.

An important aspect of its work will be canvassing the opinions of trade union leaders to ensure any policies adopted will be in line with union sentiments.

Nagle's view, and that of others, is that the implications of AIDS are likely to be so dire they will force financial analysts to change their long-term economic forecasts to plan for the projected depopulation catastrophe.

Service

He said most SA companies did not have a strategy that took into account the AIDS epidemic as many held the view that its effects were still a long way off.

Von Niftrik said the centre's service extended to government and health care organisations in southern African up to and including Malawi.

He said the latest information on AIDS from around the world would also be supplied regularly to clients. The centre would not rely only on government and World Health Organisation figures which tended to be inaccurate, but on a wide-ranging number of sources.

The other board members are:

- Alan Whiteside, economics research fellow at the University of Natal;
- Stan Schoeman, anthropologist with the Africa Institute;
- Dr Olaf Martini, Chamber of Mines' medical advisor;
- Dr Neal du Plooy, anaesthetist at the Rand Mutual Hospital;
- W. Becker, head of the virology department, Stellenbosch University;

—Scot Finch, MD of Africom Media Consultants;

—Karl Noffke, of RAU department of American Studies;

—Christa van Wyk, of Unisa's faculty of law;

—Andre Spier, a health care consultant.

Minister Claims AIDS Spreading to Reef, Natal
54000025b Johannesburg BUSINESS DAY in English
14 Nov 88 p 3

[Text] National Health and Population Development Minister Dr Willie van Niekerk said in Pretoria that the heterosexual transmission of the AIDS virus was spreading alarmingly fast on the Reef and in Natal.

He added a survey of 90,000 black women at prenatal clinics showed the incidence of the HIV virus had increased from 1 in 2,100, 15 months ago, to 1 in 540.

ZAMBIA

Tick-borne Diseases Cause Most Cattle Deaths
54000019c TIMES OF ZAMBIA in English 20 Oct 88 p 1

[Text] Zambia loses some K8 million every year because of cattle mortality caused by diseases. Agriculture and Water Development Minister Cde Fitzpatrick Chuula said yesterday.

A fatal disease, malignant theileriosis, causes more than 90 per cent of the deaths in susceptible animals. he told the first national seminar on the disease at the Unza Samora Machel School of Veterinary Medicine.

Theileriosis was one of the disease complexes among the group of tick-borne diseases and was a major limiting factor to expansion and sustenance of the cattle industry in Zambia.

Disease manifestations were transmitted mainly by the brown ear tick-*hipicephalus appendiculatus*, which was widely distributed in the country.

He told scientists it was time to find ways and means of stopping the threat.

"I want you to critically review our policy and strategies of controlling theileriosis and come up with practical recommendations based on scientific data and economic realities of our situation."

In 1986, 7,445 herd died, 7,399 in 1985, 6,107 in 1984 and 3,369 in 1982 because of the same disease.

The compulsory dipping system instituted by Government for traditional farmers had succeeded and there was a regular high turn out of cattle and reduced deaths caused by corridor disease.

The minister criticized Zambians for shunning veterinary work and other related areas.

"Zambians are work-shy, dirt-shy, mud-shy. They think education has nothing to do with mud," he said.

Information, Action Urged on Locust Invasion

Invasion Potentially Dangerous

54000019a Lusaka TIMES OF ZAMBIA in English
18 Oct 88 p 1

[Text] What we find unsettling about the reported presence of locusts in Namwala, Sesheke and other parts of the Southern and Western Provinces is these insects' propensity to multiply rapidly and their voracious appetite. While the occurrences in these areas are not all that well documented, we still feel there is enough cause for concern.

An assurance from the experts or a documentation of the nature and extent of this "invasion" is now necessary. Only the experts can lay the increasing fears to rest. To a layman even a minor occurrence may not be seen for what it really is and uninformed speculation then sets in. For a potentially dangerous thing like an invasion by locusts this just won't do.

We concur with Southern Province permanent secretary Cde Chishimba Lamba that urgent measures are needed to deal with this apparent emergency and would go further to say that there is now need for a clearer picture on what exactly we now have on our hands.

But it is indeed the action that should be given priority. It could well be that the numbers are at present small and there is no immediate danger. What is worrying however is that they multiply rapidly and in a short time there could be a swarm which will be difficult to deal with.

For this reason what is required are urgent measures to deal even with whatever numbers there are at present provided they are locusts. This is particularly important since this seems to be the "season" for locusts.

Many countries of the Sahel are threatened and some of the Gulf areas have spent a lot fending off and fighting these dreaded insects.

It will be an expensive venture to deal with a large swarm and since there is enough warning of their presence apparently in not so great numbers there appears to be no reason for dilly-dallying. An immediate response shouldn't pose too many problems since the Red Locust organization for this region is based here.

We do therefore have the people who know exactly what to do and how to do it. What is called for is speed.

Locusts are a real danger wherever and whenever they occur. Their ability to devastate the land is too well known to need repeating here. Even in biblical times they were feared.

The sooner the authorities act therefore, the better for the country. It is equally important that the nation knows the extent of the problem and what it portends, if anything, especially with the recent rather widespread occurrence in Africa.

Namwala District Affected

54000019b Lusaka TIMES OF ZAMBIA in English
10 Oct 88 p 5

[Text] Red locusts have invaded Namwala district again a few months after the International Red Locust Control organization conducted aerial sprays there.

Southern Province assistant secretary Cde Chileshe Musaba said in Livingstone that he had received a telegram from Namwala district executive secretary last Friday informing him of presence of the locusts and requesting for experts to be sent there.

He said locusts were identified in Muezwa and Musungwa areas although they were in the early stages.

An agricultural official from Choma was sent to Namwala at the weekend to assess the situation and was expected back today.

Namwala has been experiencing a recurrence of locusts for some time and Cde Musaba said IRLC officials from Mbala might be called for more aerial spraying to completely wipe out the insects.

The migratory insects have been identified in most parts of southern Africa and cause extensive damage to crops if not controlled.

Two months ago IRLC director for East, Central and Southern Africa Dr Saul Moobola said the insects had been completely wiped out in Namwala following serial sprays conducted there.

He said his men had finished their work and completely eradicated traces of the destructive insects.

Update on AIDS-Connected Issues

AIDS Halifax Suspect Gets Bail

54200005 Ottawa *THE OTTAWA CITIZEN* in English
30 Sep 88 p A10

[Article: "Halifax AIDS Suspect Gets Bail, No-Sex Order"]

[Text] Halifax (CP)—A Halifax man accused of knowingly spreading the AIDS virus was released from detention Thursday after a \$2,000 cash bail was posted.

Scott William Wentzell—charged with criminal negligence causing bodily harm—was whisked to a waiting car outside the city's provincial court house after signing an undertaking to follow terms of his bail.

One of the main conditions is that Wentzell, 20, not have any sexual contacts.

Provincial court Judge William Atton said Wentzell must report weekly to police, notify authorities if he changes his address and stay in Nova Scotia.

Atton also ordered Wentzell to observe a curfew from 7 p.m. to 7 a.m. and undergo counselling with a doctor.

Education Conference in Regina

54200005 Vancouver *THE SUN* in English
29 Sep 88 p D20

[Article: "Urging Abstinence Waste of Time, AIDS Panel Told"]

[Text] Regina—AIDS education programs place too much stress on abstinence, a doctor from Halifax told an AIDS education conference Wednesday.

The threat of a deadly disease won't scare teenagers away from sex, Dr. Richard Beazley of Dalhousie University said. Young people need to know how to protect themselves from AIDS and abstinence is only one method.

Beazley spoke during a video conference on AIDS for health educators, broadcast live at the University of Regina.

A recent study found most teenagers know how the disease is transmitted, but few understand how to protect themselves, said Beazley, part of a team that researched young people's attitudes toward the disease at Queen's University in Kingston, Ont.

Many—75 per cent of students in their first year of university—are sexually active, he said.

His survey of 38,000 young people—between the ages of 11 and 21—showed 25 per cent of 14-year olds had already had sex, he said. Some started at age 12 and by Grade 11, 50 per cent were sexually active.

Between 15 and 20 per cent of those surveyed had engaged in anal sex—the most efficient way of transmitting the AIDS virus, said Beazley.

Abstinence should be mentioned in education programs to reinforce the behavior of the 50 per cent who are not sexually active, he said.

"But many are going to continue (to have sex)," Beazley said. "The fear of AIDS is not going to prevent them from continuing to be sexually active."

Canada has 2,003 reported cases of AIDS and expects 7,000 cases by 1991. It is estimated there are between 30 and 50 infected people for every full-blown case of the disease.

Health educators—including health-care workers, teachers and parents—are not doing a good job of informing young people about AIDS, said Dr. Alastair Clayton, director-general of the Federal Centre for AIDS in Ottawa.

"I'm not sure we can educate the adults that are sexually active," he said. "We have to get them when they're young."

Drugs Provoke Controversy

54200010 Toronto *THE TORONTO STAR* in English
1 Nov 88 p C3

[Article: "Thorough Test of Drugs for AIDS Said Crucial"]

[Text] Vancouver (CP)—Experimental drugs for AIDS patients must be tested thoroughly before release despite the "emotional tear" on those wanting easier access, the president of the B.C. Medical Association says.

"We have to take a very careful look at the efficacy of various treatments," David Jones said in an interview at the association's annual meeting recently. "If we go off in all directions without careful evaluating ... there's no way of coming to a rational and objective conclusion of which drug we should be using."

While azidothymidine, or AZT, is now available as a treatment for AIDS patients in Canada, AIDS lobby groups have been asking for easier access to other drugs they believe to be effective, such as pentamidine and dextrane sulphate.

"Despite the emotional tear, we have to have careful evaluation of drugs so we use them intelligently," cautioned Jones, whose term as president ended last month.

Calling the number of new AIDS cases "frightening," Jones said more money and a blunter educational approach are needed instead of experimental drugs.

He criticized advertising agencies, the news media and governments that find material too blunt or explicit to put in education material.

"We must get more specific ... and forget to some extent at least the social niceties (about) discussing these matters in public," he said.

Jones said prevention is crucial because of the "lag time" between contact with the AIDS virus and when the person may develop the disease and require expensive medical care.

Figures released recently by the Federal Centre for AIDS in Ottawa put the total number of AIDS cases in Canada at 2,095, of which 1,147 victims have died.

Trial of Witting Carrier

54200007 Vancouver *THE SUN in English*
19 Oct 88 p A6

[Article: "AIDS Carrier Jailed"]

[Text] Quebec—A woman who knew she was carrying the AIDS virus must stay in prison until she stands trial for soliciting for the purpose of prostitution, a Quebec Court judge ruled Tuesday.

Judge Charles Cliche denied Guylaine Labrecque, 25, bail.

Court was told Labrecque had admitted to police that she had known for the past 15 months she was carrying the AIDS virus. Her trial is to begin Oct. 26.

Bone Transplant Victim

54200007 Ottawa *THE OTTAWA CITIZEN in English*
26 Oct 88 p A13

[Article: "Bone Transplant Leads to AIDS for Woman"]

[Text] Toronto (CP)—A woman who received a bone transplant in the United States four years ago has developed AIDS as a result of the operation.

Many people in the U.S. have been infected with the deadly virus during transplant operations but she is the first who has gone on to fully develop the virus, says a report by the Centre for Disease Control in Atlanta.

The case also marks the first time the AIDS virus has been transmitted through a bone transplant, the centre reported, noting the virus was known to have been passed through kidney, heart, pancreas and skin transplants and artificial insemination.

The transplant was done a year before testing for the AIDS virus was possible. It was not revealed where the transplant took place.

Since testing was developed in 1985, transmission of the virus during transplant operations has become very rare, with only a handful of documented cases in Canada and the United States.

All transplant organs in Canada are tested for the virus, say Red Cross officials, but are sometimes used before results are available.

The virus can hide for up to six months after a person is first infected, without being detected by traditional tests.

As of Monday, 2,095 Canadians had been diagnosed with AIDS, of whom 1,147 have died.

Montreal Syringe Distribution

54200007 Windsor *THE WINDSOR STAR in English*
13 Oct 88 p A8

[Article: "Drug Addicts Given Syringes"]

[Text] Montreal (CP)—About 50 doctors in the Montreal area have been distributing syringes and needles to drug addicts in an effort to stem the spread of AIDS and hepatitis B, a doctor confirmed Wednesday.

Dr. Jean Robert, director of the community health department at St. Luc Hospital, confirmed that the doctors are distributing the syringes and needles even though the practice is prohibited by the Criminal Code.

But a section of the provincial public health act says doctors can do whatever is necessary to prevent the spread of a contagious disease.

Nerve Gas Researchers Sought for Medical Testing

54200004 Windsor *THE WINDSOR STAR in English*
22 Sep 88 p A8

[Article: "Nerve Gas Testers Sought"]

[Text] Ottawa (CP)—Researchers who exposed themselves to nerve gas more than 20 years ago will be tracked down and medically tested to determine whether their health was affected, Defence Minister Perrin Beatty said Wednesday.

Beatty said he is sure the researchers, who worked at a military base in southern Alberta, suffered no ill effects. But he has ordered medical exams to relieve concern raised by a New Democrat MP.

"In view of the fears that are being created by the NDP, I think we owe it to the employees to do follow-up tests," he told the Commons.

Pauline Jewett, NDP defence critic, called Tuesday for a public inquiry to determine who participated in the tests at the Suffield research centre and whether they suffered ill-effects as a result.

Beatty said he knows of nine tests conducted before 1968 in which civilian researchers exposed themselves to the toxic chemical while developing protective clothing.

On two occasions, Canadian Forces liaison officers volunteered for the experiments. The department is checking to see if more were involved.

Beatty said his department is making every effort to find those who were exposed to minute quantities of the gas. They are identified in military records by initials only.

Nevertheless, he said he is sure any health problems would have been detected during annual medical tests of researchers and Armed Forces personnel.

Jewett was not satisfied with Beatty's response. "I don't trust the minister to find the people," she told reporters outside the Commons.

"He's so indifferent to the possible ill-effects, I have no feeling of confidence he's really going to see whether or not there have been drastic ill-effects.

"We have to have a public inquiry."

Discovery of Thorium in Miners Leads to Probe

54200006 Toronto *THE GLOBE AND MAIL*
in English 15 Oct 88 p A10

[Article by Judy Robinson: "Discovery of Thorium in Miners Brings Probe"]

[Text] Elliot Lake, Ont.—The discovery of a radioactive chemical in the urine samples of three Elliot Lake uranium miners last week could result in an investigation of the handling of radioactive materials across Canada by the Atomic Energy Control Board.

Several Rio Algom Ltd. employees in Elliot Lake were exposed to thorium during the cleanup of an abandoned mine last summer and three were sent to Chalk River this week for AECB tests to determine how the contaminant entered their bodies.

"We want to find out what went wrong so we can change our handling of uranium as well. Thorium is not that much different from uranium," said Al Dory, manager of the uranium mines division at the AECB.

Thorium can be a cumulative contaminant that may not endanger human health for 20 years, similar to the effects of exposure to X-rays.

Although the thorium levels in the urine have not been released, both the AECB and Rio Algom say it was a minimal dosage. "The amount was only a small fraction of the workers' annual acceptable limit," Mr. Dory said. The limit is calculated in terms of continual exposure to

the same level of radiation for 2,000 work-hours a year. The level does not account for short-term exposure to higher concentrations of the substance.

Mr. Dory was alarmed and surprised that any of the chemical had appeared at all. The miners were wearing protective masks, respirators, gloves and suits. The most likely explanation, according to the research scientist, is that the workers ingested thorium on the plastic cups from which they drank coffee.

"We took air samples of the site at the time of the cleanup," he said. "There were no high radioactive concentrations in the air."

Tests are being conducted at Chalk River on the lining of the workers' lungs before inhalation is ruled out as a contributing factor.

"We took all the necessary precautions," said Brian Palmer, manager of safety, environmental control, and occupational health at Rio Algom.

Rio Algom does not test for thorium in the required monthly urine samples from its miners because thorium is no longer mined and does not appear in its deadly concentrated form. Mr. Palmer does not think that the current controversy will cause any changes in the workers' handling of radioactive materials.

Homer Seguin, Sudbury regional representative for the United Steelworkers of America, has been investigating the long-term health effects of working at the old thorium plant for eight years.

Mr. Seguin believes that Canada is not meeting the international environmental standards for uranium mining. Although Canada has met the International Commission on Radiological Protection's standards for individual types of radioactive materials, it has not adopted the standards for areas where there are combinations of many radioactive wastes, such as in Elliot Lake.

Mr. Dory said the AECB is currently preparing a consultative document on the effects of combined forms of radioactivity.

Mystery Illness Sweeps Through Edmonton Military Depot

54200009b Toronto *THE TORONTO STAR* in English
27 Oct 88 p A18

[Text] Edmonton (CP)—Military officials are considering shutting down a huge supply depot in hopes of stopping a mysterious illness that is sweeping through the building.

"We are making contingency plans" to shut down even though it would threaten the flow of military supplies to western Canada, said Col. Robert O'Brian, commander of the depot at Canadian Forces Base Edmonton.

Staff at the depot, more than 73,000 square metres (785,791 square feet) in size, began complaining of rashes, itchiness, sore throats and raw nasal passages late last month.

Military doctors treated the first case as an isolated incident but became concerned when 14 of 18 workers in one office showed the same symptoms early this month, O'Brian said.

So far, 87 workers have been stricken in varying degrees.

The depot handles about 250,000 different items, ranging from nuts and bolts to airplane wings.

Even though the receipt office, where the illness first hit, and another area of the depot have been closed off, the illness has spread to other offices and the floor areas.

Pte. Darrin LeBlanc was among the first group to come down with the mysterious affliction, experiencing itchiness on several parts of his body and raw nasal passages.

"I can't do anything about it (and) I'm concerned," he said.

One worker has been sent home for 72 hours because of the severity of the illness, and more than 20 others have been moved to different parts of the building.

Civilian worker Carol McMurdo said the rash she had on her arm has almost completely gone, but the sore throat and itching all over her body is getting worse.

O'Brian said none of the families of the 170 civilian and 100 military workers have so far shown any of the symptoms.

Medical and engineering staff have stripped down the receipt office and tested everything from air to computers to see what was causing the illness.

No answers have been found, O'Brian said, adding that results on the most recent tests by military and federal officials may start coming in today.

Toxin Found in Mussels in Prince Edward Island Rivers

54200008 *Toronto THE GLOBE AND MAIL*
in English 26 Oct 88 p A13

[Article: "PEI Growers Praise System of Testing for Toxin in Mussels"]

[Excerpt] Charlottetown—Mussel growers in eastern Prince Edward Island had nothing but praise yesterday for the federal fisheries inspectors who temporarily closed their industry because of a new outbreak of domoic acid contamination.

The growers say the stringent daily inspections of their mussels prove to customers that only safe mussels reach the market.

"You know we don't like to see the damned toxin crop up, but we're really happy with the way it's being handled by the inspection services and their lab," Ray MacKean, managing director of the Atlantic Mussel Growers Corp., said in a telephone interview from his plant at Murray River.

"It's not a nice thing to have happened, but actually I think it's a good demonstration that the system is working."

Since Saturday, the federal Fisheries Department has suspended mussel harvesting in three rivers that spill into Cardigan Bay on the island's eastern end.

Chief fisheries inspector Lorne Lea said routine testing of mussels at the mouths of the Cardigan, Brudenell and Montague rivers showed levels of domoic acid in the range of 20 parts per million.

Last winter, at the height of a toxic shellfish scare, samples taken from the same area were running as high as 1,000 parts per million.

Mr. Lea said the new testing procedures will help to prevent a repetition of last year's problems, when two people died and more than 100 became ill after eating tainted mussels.

"We have two goals," he said. "One is to protect the consumer, and the second is to allow the shellfish producer to continue to harvest and use those that are still in good shape."

The Fisheries Department says no shellfish from the three affected rivers have reached the marketplace.

Mr. Lea said the daily testing yields quick results. "Within about 48 hours after they've left the water, we know how much domoic acid in parts per million were in those mussels."

British Columbia Coastal Forests Showing Signs of Stress

54200009a *Ottawa THE OTTAWA CITIZEN*
in English 25 Oct 88 p B11

[Text] Vancouver (CP)—Researchers say young trees on as much as 20 per cent of British Columbia's coastal forest land are showing signs of severe stress, turning yellow and growing much more slowly than normal spruce, hemlock and cedar.

The spindly young trees cannot get enough nutrients from the land, which had been logged in recent decades using the clear-cutting methods to take its valuable, ancient red cedars. But the problem may have existed even before timber companies arrived on the scene.

"We are dealing with a major nutrient-deficiency problem," says Gordon Weetman, of the University of British Columbia, who heads a research team trying to figure out how to save the trees.

The trees grow for a few years after they are planted, he says, then start to turn yellow, and there is a drastic reduction in growth rates.

The researchers believe an evergreen shrub called salal, which is growing on the affected forest land, is at the root of the problem. Some suspect that the shrub may be releasing compounds into the soil that prevent trees from thriving.

Experiments now under way near Port McNeill on Vancouver Island indicate the affected land may have to be dug up with backhoes and repeatedly fertilized if it is to support healthy trees.

"The implications are quite serious," says Weetman. "Solving it could more than double the cost of normal forest regeneration. It may take as much as \$1,500 worth of fertilizer per hectare over the course of 30 years."

Without intervention, he says, it may take the stunted trees as long as 400 to 500 years to grow large enough to be logged.

The problem is so severe that Weetman can point to ailing plantations on pictures taken by satellite.

Dr. John Barker, manager for Western Forest Products Ltd.'s technical forestry service division, says solving the problem is extremely important.

Cedar is one of Canada's most valuable wood products and the bulk of Canada's cedar grows on the affected areas, says Barker, who is working closely with the research group, which includes federal, provincial as well as UBC scientists.

"We won't be able to cut it as fast as we want it if we can't grow it faster than we're growing it now," he says.

The scientists believe the land now supporting the spindly trees was in a state of decline before the ancient cedars were felled. The soil had not been disturbed for hundreds of years and the cedars, though highly valuable, had dead tops.

"They were very ratty-looking, old-growth forests," says Barker.

By contrast, sites that have been disturbed, such as areas where trees have been uprooted by windstorms, are much more productive, he says.

The differences can be startling. Areas of northern Vancouver Island where trees blew down during a hurricane in the late 1800s support lush, healthy forest. Metres away, where there was no uprooting and soil mixing, trees are much smaller.

The scientists, who have been studying the problem for four years, have found that the undisturbed soil is much more acidic than that in more productive forests. It releases much less nitrogen and phosphorus than normal and organic material on the forest floor decomposes at a much slower rate than expected. It is also infested with salal.

Beijing Launches Plan To Curb Venereal Diseases
54004801a Beijing CHINA DAILY in English
17 Oct 88 p 3

[Article by Zhu Baoxia]

[Text] Beijing has launched a campaign to control venereal diseases by setting up district prevention and treatment centers.

Special research groups have also been formed in the municipal government and in some districts.

As part of the drive, the Beijing Municipal Health Bureau plans to grant 50,000 yuan to the Western District Venereal Disease Prevention and Treatment Centre, the first of its kind in Beijing. The centre opened last Wednesday.

According to Xu Ruixing, president of the centre, 427 Beijing residents were diagnosed with various venereal diseases last year.

A sample survey in 21 provinces and municipalities revealed that the country's venereal disease patients are increasing by 200 per cent annually. The situation is worst in coastal areas, open cities and special economic zones.

Xu also said that about 50 venereal disease carriers have come to them for consultation and treatment, and 80 per cent of them have been totally cured. Most of the patients are men in their 30s. Many of them present false identification because they fear their illness may be disclosed to the public.

To increase popular knowledge about disease and about sex education in general, which can be a help to the prevention and treatment programme, the Western District centre opened an exhibition of pictures and videos focusing on the symptoms, means of infection and harm caused by the disease, as well as on sex and family life.

About 100 people, mostly in their 20s and 30s, visited the exhibition during its first two days.

"It is necessary to have such exhibitions since we know too little about these things," said a postgraduate student from Beijing Foreign Studies University.

"I believe that this kind of unhappiness will never occur to me, but it does no harm to learn more," a young man from Zhejiang Province commented.

Such exhibitions will soon be available in all districts across the city, Xu said.

Minister Announces Measures To Prevent Epidemics, Food Poisoning
54004801d Beijing CHINA DAILY in English
25 Nov 88 p 1

[Article by Zhu Baoxia]

[Text] A series of measures will be introduced in China to prevent and deal with outbreaks of severe epidemic diseases and food poisoning, Minister of Public Health Chen Minzhang said in Beijing yesterday.

Chen made the announcement in a speech at the preliminary meeting of the Eighth Conference of the National Patriotic Health Campaign Committee.

Chen said the measures would be introduced by the committee, which will recommend to the Central Government that all local government organizations play a role.

He said that about 3 million people have suffered from 25 different epidemic diseases in China so far this year.

The most prevalent has been hepatitis with around 1 million cases reported. There have been 80,000 cases of typhoid and 6,000 of cholera, the Minister said. Most of the cholera cases were in Xinjiang Uygur Autonomous Region in China's far west.

The committee will also urge that specialized medical teams be established across the country to cope with any epidemics or accidental poisonings that may arise, the Minister said.

Governments above county level have the power to quarantine an area. And the ministries of Chemical Industry, Light Industry, Commerce and Material Supply have been assigned responsibilities to ensure sufficient supplies of materials and vehicles are provided to stricken areas.

The circular sets out a reporting procedure to the State Council. Cases must be reported immediately, where there have been:

- Successive incidences of plague over 10 days in places where provincial, autonomous regional and municipal governments are located or in tourist or open cities. Records are also required to be made in other areas which have more than 10 reported cases and which may spread to their neighboring districts.
- More than 200 cases of cholera and five or more deaths within 10 days in tourist and open cities.
- Any other outbreak of an acute infectious disease which is beyond the ability of the local government to stem and needs the help of the Central Government.

—Food poisoning has affected thousands of people and where there have been more than 20 deaths, as well as accidents involving poisonous gas and materials with incidences that affect tens of thousands of people.

Health Ministry Seeks Elimination of Polio by 1995

54004801c Beijing CHINA DAILY in English
22 Nov 88 p 1

[Article by Zhu Baoxia]

[Text] China is seeking to reduce the incidence of poliomyelitis—commonly known as polio—to one out of every 10 million children by 1992, and eliminate the disease entirely by 1995.

The Ministry of Public Health has issued a circular throughout the country, urging that institutions at all levels should take part in the campaign which will benefit both the children and the nation as a whole.

China had set the new target as part of the global drive—initiated by the World Health Organization—to wipe out polio throughout the world, the circular said.

After ten years of hard work, China had greatly reduced the number of polio sufferers from 10,000 to the present 900, according to Li Hui Fang, an official from the Bureau of Hygiene and Epidemic Prevention under the ministry.

According to Li, the disease has already been successfully prevented in more than 90 per cent of the 2,490 counties across the country.

Beijing, Shanghai and Shanxi Province have eliminated the disease entirely.

“This is partly due to the spreading of the immunization programme which has covered more than 60 per cent of the nation’s children,” Li said.

Yet polio is still one of the four leading diseases which seriously harms children’s health and even causes disability, she added.

Inefficient inoculations should be blamed for this, Li said.

Some parents refuse to have their children immunized for religious or superstitious reasons.

Virus Named As Cause of Acute Conjunctivitis

54004801b Beijing CHINA DAILY in English
17 Oct 88 p 3

[Text] A kind of virus, called coxsackievirus enterovirus type A24, has been ascertained as the cause of the acute conjunctivitis, or “pink eye” disease, which spread in Beijing, Shanghai and some other cities in China last summer.

With the cooperation of the hospital attached to the Beijing Union Medical College, the college’s microbiology and immunology department successfully isolated coxsackievirus enterovirus type A24 from patients’ specimens.

An associate professor of the college, Mu Guifan, who is in charge of the research, said that the disease has been spreading in Southeast Asia in the past few years.

“Now that the cause of the disease is clear, we can make early diagnosis and monitor the situation to prevent its spreading,” he said.

He said most patients suffering from “pink eye” disease can recover in a period of about two weeks without any treatment. However, a few patients are subject to complications such as conjunctival ulcers, which are very dangerous.

Now, Professor Mu’s research group has started studies to find out ways to make a quick diagnosis of the ailment, he said.

THAILAND

**AIDS-Related Cases Rise by 45 Percent Over
October**

*BK0212012588 Bangkok BANGKOK POST in English
2 Dec 88 p 4*

[Excerpt] AIDS-related cases in Thailand rose to 2,264 last month—a 45 percent increase from the 1,560 cases reported up to October, the Public Health Ministry said yesterday.

The latest figures include some 2,221 HIV (Human Immuno-deficiency Virus) positive cases, 33 AIDS-related complex (ARC) cases and 10 full-blown cases, said Dr Uthai Sutsuk, director of the Communicable Disease Control Department, yesterday during an international meeting on help for national AIDS programmes.

Dr Uthai pointed out that most HIV positive cases, which have risen from 1,524 in October, were among drug addicts. [passage omitted]

GERMAN DEMOCRATIC REPUBLIC

Favorable Epidemiological Situation Regarding AIDS Seen

LD3012185888 East Berlin ADN International Service in German0925 Gmt 30 Nov 88

[Excerpts] According to Prof Niels Soennichsen, the GDR continues to be in a favourable epidemiological situation as regards AIDS. In an interview with the WOCHENPOST, published on Wednesday and marking World Aids Day tomorrow, the country's leading AIDS expert said that that up to 1 November nine GDR citizens had contracted AIDS, of whom four had died. In the GDR there is also an overview of those infected who have as yet shown no clinical symptoms of the disease. Apart from those who have contracted the disease, 51 GDR citizens are currently recorded as HIV infected. "We can base this on extensive investigations. For instance, to date almost 2 million blood donations have been tested," he said. [passage omitted]

The number of citizens who, for varied reasons, visit the consultation facilities which exist in all the GDR areas—as a rule dermatology clinics—is increasing. "In the process fewer HIV positives have been found in the second half of 1987 than in the first half. So far, in 1988 there have been no more infected people discovered than in 1987. This is all the more notable because the investigations have also included considerable numbers of homosexual men and other groups."

"We can work on the assumption that we do not have overly large, undetected numbers," Professor Soennichsen told the WOCHENPOST. Now that the transfer of the HI virus via blood, semen, and organ donations has long been ruled out in the GDR, sexual contact remains the only path for infection. Those concerned in the GDR are largely homosexual men with high-risk behavior. A concentration on large cities is observed.

GDR prognoses predicting around 8 to 15 AIDS sufferers for 1988 were approximately correct. However, the number of those infected is significantly lower than expected. But Professor Soennichsen warned against complacency. [passage omitted]

"What is also notable," Professor Soennichsen said, "is that the number of acute cases of gonorrhea fell drastically to 35,000 in 1987. In previous years it had generally been constant at 50,000 cases. In the same period more condoms were also purchased. The information campaign is clearly working."

The well-known dermatologist from the Berlin Charite reported that as a result of the willingness to cooperate of those involved, the original registration of sufferers by name has been dropped. Registration now takes place in coded form in order to maintain an overview of the epidemiological situation. The name of the person concerned is now known only to the doctor giving treatment.

INDIA

Encephalitis Kills 2,000 in Uttar Pradesh

54500025 *Calcutta THE STATESMAN in English*
11 Oct 88 p 1

[Article by Ambikanand Sahay]

[Text] Lucknow, Oct 10—In one of the worst epidemics of the century, 1,500 to 2,000 people are reported to have died of encephalitis over the past three weeks in the eastern districts of U.P., the worst-hit areas being Gorakhpur, Deoria, Basti and Azamgarh. Even as friends and relatives take away the bodies from Government hospitals in Gorakhpur and Azamgarh, more and more patients queue up before private clinics and district hospitals.

The Union Health Minister, Mr Motilal Vora, airdashed to Gorakhpur yesterday and announced that a Central team of medical experts would be sent to the affected areas. He said that medicines would be rushed from the Centre at the earliest.

The Minister for Communications, Mr Bir Bahadur Singh, who belongs to Gorakhpur, today told reporters that as many as 486 patients had died of the dreaded disease in the Government hospital at Gorakhpur alone. The number of those who died in hospitals in Deoria was 200. According to the Minister, 38 people died in Azamgarh and Basti.

It is significant that these figures do not include deaths outside hospitals in the rural areas.

The U.P. Health Minister, Mr Gopinath Dixit, also visited the affected areas. After returning from Gorakhpur and Deoria, Mr Bir Bahadur Singh said that relief operations were in full swing. He said he would be visiting the areas again on October 14 and 15.

According to Mr Singh, a research unit would be set up within the Gorakhpur hospital to make an in-depth study of the disease and find a remedy.

Almost all the people who have died are poor, the reason being that it is a very costly disease. On an average, a patient has to spend Rs 1,500 for treatment.

Papers Report Developments in Fight Against AIDS

Two More Deaths

54500026 *Bombay THE TIMES OF INDIA in English*
15 Oct 88 p 5

[Text] Bombay, October 14: Two foreign nationals, both from West Asia, are suspected to have died of AIDS, in city hospitals during the last five days.

Hussein Nasser, 35, a resident of Aden, South Yemen, died at the Prince Ali Khan hospital, Mazgaon, on Sunday morning after his blood sample proved ELISA positives. A Kuwaiti national, Yusuf Issa, 29, died at St George's hospital on Tuesday, even before the ELISA test results were made available.

The medical director of the Prince Ali Khan hospital told this paper this evening the Mr Nasser had been in India for medical treatment since last July. He was initially admitted to the hospital for colitis and discharged a month later.

A fortnight ago, Mr Nasser was readmitted for multiple brain abscesses and convulsions. His blood was sent for the ELISA test at a diagnostic centre on Gopalrao Deshmukh Marg (Peddar Road) and two days before his death, it proved positive, the director said.

Another sample was then sent to the National Institute of Virology, Pune, for the Western Blot test (the AIDS confirmatory test), but the report is still awaited. Mr Nasser's body was claimed by his brother and is believed to have been buried here.

According to Dr Phalke, all foreign nationals admitted to the hospital are routinely screened for AIDS and the requisite precautions were taken in the case of personnel who came in contact with his blood.

State Action Requested

54500026 *New Delhi PATRIOT in English*
17 Oct 88 p 2

[Text] In a move to check the spread of the dreaded Acquired Immune Deficiency Syndrome (AIDS) at the grass-root level, State governments have been asked by the Union Health Ministry to formulate detailed action plans by December, reports PTI.

The plans will indicate the efficacy [efficiency] of the existing surveillance network, progress in health education campaign and the quantum of funds required for an efficient AIDS control programme, sources said.

Central teams are expected to visit the States and Union Territories by the year-end to discuss the action plans with State health officials in an exercise seen as a prelude to evolving a mid-term plan for a national programme.

Health experts are of the view that though the incidence of AIDS is not alarming at present, it is likely to be a major problem in the next four to five years if timely steps are not taken to control the spread of the disease.

The plans would also indicate known pockets of infection in towns and cities as well as high risk groups.

As on 15 September this year, surveillance centres of the Indian Council of Medical Research (ICMR) had screened 150,552 people in the high risk groups. Of them, 534 were found infected with the Human Immune Deficiency Virus (HIV) that causes AIDS.

The relatively higher incidence of the HIV infection is significant considering the fact that only a few months back one out of 500 screened persons had the HIV. At present one out of 300 screened persons had AIDS infection.

On an average, 20 percent of persons infected with the virus succumb to the disease.

In India, 23 persons had so far developed full-blown AIDS. While 19 of them got infected abroad, four developed the disease within India, and most of them died.

A four-day workshop on AIDS control was held here from 11 to 14 October in an effort to gear up the State machinery for surveillance and prevention of the disease.

The workshop, attended by more than 100 State health officials and representatives of municipal corporations, also assumed significance in the light of reports that AIDS patients are going underground.

Deliberations of the workshop, organised by the World Health Organisation (WHO) in collaboration with the Union Health Ministry, was not open to the press.

It is learnt that the need to give adequate emphasis on health education campaigns and on preventive aspects of the disease was stressed at the workshop.

These campaigns are regarded as the key to AIDS prevention and control. The Health Ministry is already making use of all mass media channels in educating the people on the nature, transmission and prevention of the disease.

The Central Health Education Bureau has already prepared adequate material to create awareness about the HIV infection.

The workshop, which was organised as part of the global AIDS programme of the WHO, also dwelt at length at the planning, implementation, monitoring and evaluation of health promotion activities in the light of the AIDS problem.

Participants at the workshop were told not to look at AIDS as a "vertical problem" in their AIDS control strategies. These should be integrated with other health care programmes and should not be operated exclusively, the workshop was told.

Senior WHO officials told the workshop about the importance of establishing AIDS as a "legitimate national issue" worthy of discussion and action.

Stating that AIDS had caused dramatic public health education, they said the chain of transmission of AIDS virus should be broken by a change in the behaviour of either the infected or non-infected persons.

A State health official who did not want to be identified said the need for having cheaper indigenous kits to conduct AIDS tests was also discussed at the workshop. Such kits are likely to be made available by the ICMR by the end of this year so as to enlarge the scope of AIDS surveillance.

The ICMR is at present evaluating some commercially available immuno-diagnostic kits for HIV antibody detection in a bid to identify the most sensitive and specific tests for Indian conditions.

At present, the prohibitive costs of screening with imported kits has inhibited wider sero-surveillance among high risk groups.

Qualitative aspects of blood banks in the country also came in for a critical review at the workshop.

Officials said at least 36 blood donors were found HIV positive in the last 12 months.

The ICMR has already instructed all blood banks to have clean blood testing procedures and to screen the blood for HIV.

With regard to preventing transmission of AIDS from foreigners, detailed guidelines have already been issued by the Centre for screening them.

IRAN

Official Discusses TB, Health Care in Ilam Province

54004702 Tehran RESALAT in Persian 6 Nov 88 p 2

[Text] During the first six months of the current year, from among the more than 24,000 patients who consulted the hospitals and pulmonary centers of Ilam province, 290 were found to be suffering from tuberculosis.

Referring to the steps taken in the case of those affected with tuberculosis, the deputy of the regional health organization of Ilam province, during an interview with IRNA, on Saturday stated: The first step in the combat and eradication of this disease, which affects both man and animal, is the diagnosis of those suffering from the disease by specialists of the pulmonary centers. Then with study and extensive followup steps are taken to treat them. He added that there are three pulmonary centers in Ilam province. They are in the cities of Ilam,

SAUDI ARABIA

Abdanan, and Darrehshahr. Unfortunately, the centers are faced with a severe shortage of laboratory diagnostic equipment such as microscopes, laboratory materials for cultivation of cultures, itinerant physicians, and suitable means of transportation for follow ups. There also is a severe scarcity of specialists in this area.

He added: brucellosis, hepatitis, salmonella, malta fever (brucellosis), typhoid, gastroenteritis and cataracts are the most prevalent diseases in Ilam province. The assistant director of the regional health organization of Ilam province, referring to the eye center of Ilam's Taleqan hospital stated: The center is administered by only one physician, who sees more than one hundred patients daily. He said that the most fundamental problem faced by the hospital is the scarcity of endoscope, electrocardiograph, and electrodiagram apparatus.

Our correspondents report indicates that there is one eye clinic in all of Ilam province. By no means is it capable of handling the daily visits of more than 70 patients suffering from various eye disorders. Patients come from as far as 400 kilometers to consult this clinic.

Effective Biological Method for Killing Anopheles Tested

54004701 Tehran KAYHAN INTERNATIONAL
in English 2 Nov 88 p 6

[Text] Following a three year research drive, a project for using bacillus thuringiensis serotype H. 14, as an effective biological method for killing anopheles was successfully tested in Iran with concrete positive results. According to a report released by the Public and International department of Iranian Research Organization for Science and Technology (IROST), the project was jointly carried out by a number of organization's scientists and the following scientists from the Medical College of the Tehran University: Dr. Nasrin Moazami, Dr. Mansour Mo'tabar and Dr. Morteza Zaeem. "By domestic mass production of the bacillus, effective measures will be taken to eliminate and reduce the colonies of anopheles in Iran," IROST report said. The report said that since using the expensive chemical poisons for killing anopheles caused environmental pollution and also anopheles larvae gradually became immune against the chemical poisons, therefore using the bacillus method was better and effective. The report pointed out that by experimenting the bacillus method through Vett-able Powder system in Iranshahr region (the Sistan and Baluchestan Province) and Kazeroun region (the Fars Province), the method proved its 100 percent efficiency and within 24 hours all the existing anopheles were larvicided. The IROST report said that the bacillus thuringiensis serotype H. 14s produced by Iranian scientists had been produced in a cheaper manner and their quality were similar to the bacillus produced by the Pasteur Institute of France.

High Hepatitis B Infection Rate Reported

54004503 Jeddah ARAB NEWS in English
14 Nov 88 p 2

[Article by Javid Hassn, ARAB NEWS Staff]

[Text] Riyadh, 13 Nov—With a carrier rate of 7.69 percent, Saudi Arabia has the highest incidence of Hepatitis B infection in the Middle East, Dr Muhammad al-Mu'a'gil, Director-General of Health Affairs in Riyadh region, said here last night.

He was providing an update on Hepatitis B infection in the Kingdom at a symposium on the prevention and control of Hepatitis B infections organized by Merck, Sharp and Dohme (MSD) at the al-Khuzama Center here. The Ministry of Health sponsored the symposium. Notable speakers on the occasion were Dr Maurice R. Hilleman, Director of Merck Institute for Therapeutic Research and developer of a recombinant vaccine against Hepatitis B virus and Dr Freidrich W. Dienhardt, chairman of the Department of Hygiene and Medical Microbiology in Munich.

Speaking on the incidence of Hepatitis B in the Kingdom, Dr al-Mu'a'gil said a sample survey of 13,542 patients showed that 7.487 percent were Saudis—more than the number for non-Saudis. Among the latter, Filipinos were a major carrier of the virus.

In an abstract presented on the occasion by Dr Falih Z. al-Falih, dean of the faculty of medicine, King Saud University, and chairman of the symposium, it was revealed that the "average overall prevalence of HBsAg in Saudi Arabia is estimated to be 8.3 percent, a figure which puts Saudi Arabia among the most highly endemic areas of HBV infection in the world."

Those in the high-risk area, according to the abstract, were patients receiving regular blood transfusions, those on hemodialysis, or patients with liver diseases and chronic active hepatitis, besides pre-school children born to HBsAg-positive mothers. "Infection acquired through close personal contact is far more common than that acquired through needles or transfusions," the abstract said.

It cited folk medicine practices, the large family system, low standards of hygiene among the population, and the common habit to have children kissed by relatives as factors for its horizontal transmission route.

In his presentation on epidemiology and WHO strategies for the prevention of Hepatitis-B infection in infants and children, Dr Dienhardt said the disease has a global distribution with an estimated 300 million persistent carriers of the virus which claims three million deaths a year worldwide. He said the disease, second only to

tobacco among humans, has been responsible for a high proportion of the world's cases of cirrhosis, and is the cause of up to 80 percent of all cases of hepatocellular carcinoma.

"The availability of highly safe and effective Hepatitis B vaccines now makes possible the establishment of programs aimed at eventual elimination of Hepatitis B as a disease in man and the prevention of the first human cancer by a program of immunization," Dr Deinhardt

said. He hoped that the Kingdom, which has sophisticated medical facilities, will consider mounting a vaccination program covering new-born infants, children of five years and above, and the high-risk bracket.

Speaking on vaccination with plasma-derived and yeast recombinant Hepatitis B vaccines, Dr Hilleman said his research team developed in 1986 a genetically engineered recombinant vaccine using Hepatitis B surface antigen prepared in yeast "that is transfected with a plasmid bearing the surface antigen gene."

DENMARK/GREENLAND

'Physicians Flight' Means Longer Trips for Medical Help

54002427a Copenhagen DEN FRI AKTUELT
in Danish 29 Oct 88 p 9

[Article by Henrik Dorge: "Physician Flight in Greenland: 230 Kilometers to Nearest Doctor"]

[Text] The inhabitants of one of the Greenland communities, Pamiut/Frederikshab, are in a situation in which they are without any doctor. And the distance to the nearest doctor is about 230 km.

On Wednesday, Dr. Torben Ishoy left the city on the east coast of Greenland when his substitute term ran out. Left behind is a helicopter in readiness at the cost of 400,000 kroner per month. The helicopter is equipped to fly only in clear weather.

"It is an emergency solution that gives a false sense of security," Torben Ishoy said.

Palle Jorgensen is the district doctor in Qaqortoq/Julianeab, which lies south of the now doctorless community. He says, "If a person becomes seriously ill, with an hour helicopter transport time, I can only see catastrophic consequences."

The Crisis Grows

The substitute national doctor, Mogens Bagger, who is the Health Department's top representative in Greenland, "does not pretend that the situation is optimal."

"But one should also take it easy. It is not every day that the worst possible thing occurs," he added.

Mogens Bagger hopes that Pamiut/Frederikshab—an area that is almost six times as large as Copenhagen's community—will have another doctor stationed there Wednesday.

The present situation in Pamiut/Frederikshab must be seen in the light of the fact that Greenland is at present being drained of doctors, who are going back to Denmark. During the early months of next year one can predict that half of all the normal doctor's positions will be empty.

One of the reasons is that the doctors think that they are working too much and earning too little. Palle Jorgensen works 70 hours a week and earns 30,000 kroner per month.

"But, of course, there is no point in comparing us with what a Danish worker earns. We must compare ourselves with what a doctor in Denmark earns—and there we are far behind," he said.

Torben Ishoy's evaluation of the health system in Greenland is not uplifting: "It is like the prewar situation in Denmark. There are, for example, instruments and equipment that were long ago abandoned in Denmark."

Distemper Epidemic Fatal to About 1,000 Sledge Dogs

54002427b Godthaab GRONNLANDSPOSTEN
in Danish 25 Oct 88 p 12

[Article: "Distemper Costs 4.5 Million"]

[Text] Landsstyre member Kaj Egede said to Greenland's Radio that he now has documentation to show that it was not necessary to vaccinate the sledge dogs twice when distemper raged last winter in the Avenersuaq and Upernavik communities. About 1,000 sledge dogs died of the disease before the epidemic was stopped. Because of this illness all the sledge dogs were vaccinated. The distemper cost the community 4.5 million kroner.

FEDERAL REPUBLIC OF GERMANY

Court Decides Legal Aspects of Sexual Acts of AIDS Carriers

54002428 Hamburg DER SPIEGEL in German
7 Nov 88 pp 30-32

[Article: "Shortly Before, a Hand Signal"; first paragraph is SPIEGEL introduction]

[Excerpts] For the first time, the Federal High Court has determined in what circumstances sexual intercourse practiced without safeguards by someone infected with AIDS is a punishable offense.

The judgment reads like a sex manual. [passage omitted]

The descriptions originate with justices of the Nuernberg-Fuerth Land Court whose task it was to determine if sexual intercourse by someone infected with AIDS practiced without safeguards was a punishable offense. The legal evaluation centered on the question of premeditation. [passage omitted]

The person sentenced was Brian Eastwood [name changed by DER SPIEGEL—Ed], a 47-year-old U.S. cook and former sergeant. The 13th Criminal Division of the Nuernberg-Fuerth Land Court had sentenced him to 2 years' imprisonment without probation for "an attempt to inflict grievous bodily harm."

Eastwood appealed the sentence. And so, last Thursday, it became incumbent upon the supreme West German criminal justices of the Federal High Court to deal for the first time with the basic question as to the circumstances under which sexual intercourse by persons infected with AIDS becomes a punishable offense.

While confirming the Nuernberg sentence against Eastwood, the justices in Karlsruhe took a somewhat more lenient view as far as the sentence was concerned. In principle, however, they stated, infecting a sexual partner with the virus is a "life-threatening act" in terms of the law about inflicting "grievous bodily harm."

The justices consider it legally irrelevant whether or not the victim actually contracts the disease. According to them, such sexual intercourse without safeguards is definitely punishable as an "attempt" even if no one is infected.

With this judgment the High Court justices also ruled on a basic argument intentionally triggered in Bavaria, where the Land Government had instructed the police and prosecutors to prosecute with determination as a "grievous offense" any "premeditated or reckless infecting of other persons" with AIDS. [passage omitted]

The Nuernberg trial made it clear that criminologists are treading on thin ice in dealing with the new disease, which does not come under the law on epidemics. In Eastwood's case the justices thought that the danger emanating from him had been "so great as to prohibit any sexual intercourse by him without safeguards." But since no infection of Eastwood's partners had been established, it was "objectively only a case of an attempt to inflict grievous bodily harm."

The boss takes a harder line. Prosecutor General Kurt Rebmann had advocated that Eastwood's appeal be rejected. According to Rebmann, criticism of the Nuernberg sentence had been "unfounded." Rebmann emphasized that the "penal purpose of general prevention" must be "taken into consideration." [passage omitted]

FINLAND

Twenty Percent of AIDS Cases Found Among Heterosexuals

54002423a Helsinki HELSINGIN SANOMAT
in Finnish 4 Nov p 3, 13

[Text] The percentage of heterosexuals among those infected with the HIV virus is as high as 20 percent in Finland, whereas in the United States, the corresponding figure is only 4 percent, and in the rest of Europe 6 percent. One explanation for this large difference might be that Finland, contrary to common practice elsewhere, records in the statistics not only the AIDS patients but also others who have been infected. It is possible that the Finnish statistics give a preview of how things will develop elsewhere. The National Board of Health is concerned about the growing proportion of women and heterosexuals among those infected with the HIV virus.

Speaking at the National Conference on Contagious Diseases held in Espoo on November 3, Dr. Pekka Saikku said that chlamydia has been proved to be a

common cause for respiratory infections and that long-term chlamydia can also produce serious side effects. Saikku also reported on a recent US study that indicated that chlamydia has proved to contribute to the development of coronary problems.

Doctors have long warned that chlamydia will become more and more common. Also, two different types of chlamydia have been known for some time to cause lung diseases in a small number of those infected.

According to Saikku, chlamydia pneumoniae, a new type of chlamydia, is not closely related to the other types of the disease. It frequently causes respiratory infections; in fact, nearly all patients develop respiratory infections at least once, and sometimes the disease spreads in epidemics that continue for two to three years.

About 5 to 10 percent of pneumonia cases, and during epidemics up to 50 percent of them are caused by chlamydia. Mild infections, however, occur much more commonly.

So far, there are no reliable methods of establishing chlamydia as a cause for respiratory infections. As chlamydia-caused infections are treated by antibiotics, in contrast to ordinary influenza, finding these methods is of utmost importance, Saikku said.

The National Board of Health is concerned about the large percentage of women and heterosexuals being infected with HIV the virus. "Whereas in Finland up to 20 percent of AIDS patients are heterosexuals, the corresponding numbers in the United States and elsewhere in Europe are 4 percent, and 6 percent respectively", said Dr. Olli Haikala from the National Board of Health.

Haikala suspects that Finns do not take into account the possibility of AIDS infection, even on trips abroad. According to him, a large number of the detected 230 AIDS cases have been acquired on travels outside Finland.

Municipal immunologist Timo Rostila from the Helsinki Bureau of Health said it is possible that an explanation for the exceptionally high percentages might be partly due to the fact that contrary to the general practice in other countries, the Finnish statistics include not only the AIDS patients themselves but also the others who have been infected. In this respect, the current situation in Finland might offer a preview of what can be expected elsewhere in the world.

The AIDS follow-up group of the National Board of Health is about to put out new directives to the medical profession about follow-up studies of the sexual contacts of AIDS patients.

AIDS is not classified as a threat to the general population and it is therefore not possible to make it obligatory for the patients to reveal their contacts. However, as it is

a so-called reportable contagious disease, a person infected with the HIV virus has the responsibility to tell the doctor of how the infection might have come about and how it might have spread, and the doctor has the right to ask the patient these questions.

"The National Board of Health has issued directives to doctors obliging them to make sure that the reported transmitter of the infection and other possibly infected persons will have medical checkups and necessary care," Rostila stated.

According to Dr. Jorma Paavonen, an infection of the internal reproductive organs, PID, which is getting more common especially with young women, is one of the most neglected areas of modern medicine. As a cause for tubal pregnancies and infertility, it is a significant drain on public funds.

PID infects the uterus, ovaries, ovarian tubes and peritoneum, and it is one of the most severe and at the same time most common complications caused by the chlamydia of the reproductive organs. According to Dr. Paavonen, PID is also probably the most common preventable cause for infertility.

PID occurs most often with women between 15 to 24 years of age; about 20 out of 1,000 patients will develop full infection. Chlamydia alone is estimated to have caused some 2,000 PID cases last year.

Reporting on the salmonella situation, laboratory manager Matti Jahkola of the National Board of Health said that nearly 1 out of every 3 frozen broiler chickens are carriers of salmonella bacteria whereas in the beginning of the decade, about every 10th specimen was contaminated by salmonella virus.

Jahkola praised the Finns for admirably high standards of kitchen hygiene, because cases of salmonella poisoning have not gone up correspondingly. In the beginning of the 1980's, there were about 100 domestically contracted salmonella cases a year, whereas the number now is 150—200.

Rabies Epidemic Expected To Last for Years
54002424 Helsinki HUFVUDSTADSBLADET
in Swedish 27 Oct 88 p 13

[Article by Mika Kosunen: "Can We Handle The Rabies Epidemic"]

[Text] "It will take many years before Finland becomes rabies-free again, if it ever does," Bureau Chief Saara Reinius of the Land and Forest Use Ministry said.

She presented new data on the rabies situation on Wednesday at the annual veterinary meeting in Helsingfors. According to Reinius, 52 definite cases of rabies in animals have been discovered this year.

"Martens make up the greatest part of the positive rabies cases, that is, 38. Nine foxes, two badgers, two cats, and one dog have also had the disease," she said.

All in all, 1,114 animals have been examined this year. "The martens have been examined the most, but one can also say that they are the ones that make up the problem and spread the disease. Most of the rabies cases in martens have been discovered when they attacked the dogs in the rabies infected area," Reinius said.

Most of the rabies has been discovered in eastern Finland from Anjalankoski in the east to Orimattila in the west. From north to south the border goes from north of Kouvola to Lovisa in the south. Only a few cases have been discovered outside this area.

Vaccination Bait

To attack the rabies problem, Finland has, among other things, vaccinated animals and tried to reduce the number of small predators. In addition, vaccination by bait which is spread around in the forests has been tried.

Over an area of 2,700 square kilometers 40,500 baits have been put out.

Vaccination by bait has been carried out in seven European countries with good results. Altogether over 9 million baits have been put out, and not one animal has been found that has gotten rabies from the virus in the vaccine. And the number of rabies cases has diminished.

Saara Reinius says however that our situation is quite different from the other countries where the vaccination is applied.

"In our country it is the marten that is spreading rabies, and it needs a stronger dose. In addition, the cold season in our country is long and the vaccine is not effective when the temperature gets lower than -10 degrees celsius."

"The martens also move about a good bit, there are a lot of them, and they multiply effectively," she said.

Another problem is that the form of rabies that is now affecting the area in eastern Finland is different from the one on the continent. The virus in our country is more like the arctic rabies type that is found in Spitsbergen, Greenland, and Canada. We have not had any report from the Soviets on possible cases of arctic rabies.

Theories

There are many theories about how the rabies epidemic came to us. The so-called "boat theory" assumes that the disease came from animals on board boats from Murmansk, which were repaired in the Kotka harbor.

According to the "fox theory," foxes that came with loads of logs to Kouvola brought the virus with them, while the "wolf theory" says that it came with the wolves from the Karelska isthmus.

Saara Reinius will not speculate on what actually happened, but she says that in the future we must get more information about the rabies situation in the Soviet Union.

"What seems odd right now is that the affected area lies right along the eastern border and also a little along the coast," she said.

Measures

To deal with the epidemic the government has provided 3 million markkas to fight rabies. All hunting dogs and government service dogs must be vaccinated against rabies together with all dogs over 4 months on 15 November in Anjalankoski, Artsjo, Elima, Iitti, Jaala, Kouvola, Kuusankoski, Valkeala, Lapptrask, Liljendal, Lovisa, Nastola, Orimattila, Perna, and Stromfors.

All dogs and cats brought to Aland must be vaccinated, and all dogs and cats brought into the country must be vaccinated at least a month in advance.

"Rabies has spread rapidly in our country, and now we must just wait through the winter and make tests in spring to decided upon further measures," Reinius said.

Countries without rabies today are Sweden, the Norwegian mainland, Iceland, Great Britain, Ireland, New Zealand, and Australia.

Confirmed Rabies Cases Reach 52; Vaccinations Suspended

Vaccination Effort Discussed

54002423b Helsinki HELSINGIN SANOMAT
in Finnish 20 Oct 88 p13

[Text] Vaccination of Finland's small predatory animals will be postponed until next spring. The Department of Veterinary Medicine of the Ministry of Agriculture and Forestry has decided that vaccinations will no longer be continued this fall.

After the recent discovery of a rabies-infected raccoon in Lahti, the rabies follow-up work group considered whether it still makes sense to try extending the feeding of vaccines north and west of Lahti this fall.

It was decided that no more vaccinations will be attempted now because it is getting colder and frost might hinder the operation, special researcher Bengt Westerling from the State Veterinary Institute explained. Sub-zero temperature makes feed vaccines ineffective, and it would have taken a week before the vaccine could have arrived in Finland.

Another reason was that the West-German producer had in stock only the weaker kind of vaccine, and it is not certain how effective it would be with the common raccoon. The weaker has only 60 percent the potency of the stronger vaccine.

The stronger vaccine was spread in September in the western parts of Kymi province, eastern part of the Uusimaa province, and the southeastern corner of the Hame province. The vaccinated area reached in the north to the border of the city of Lahti, which meant that a batch was spread also to the city dump area.

The stronger vaccine was sprayed from the air in Orimattila, Nastola and Valkeala.

Vaccine feed will be spread in the wilds early next spring, around April, the exact time being determined by the arrival of spring.

The decision about the amount of the stronger vaccine to be bought will be made later; 80,000 portions of vaccine are the estimated amount at this point.

This autumn, 40,500 vaccine portions were spread in the forests. A total of 0.5 million Finnmarks has been spent so far in the vaccination effort, the value of the vaccine itself being 200,000 Finnmarks. Westerling reported.

"We have so far proceeded according to the advice given by the West German manufacturers. It is now time to find out how well the method is suited to the Finnish environment, and we are conducting studies of how the vaccine has worked," Westerling explained.

By now, all Finnish hunting dogs should have been vaccinated against rabies. Use of burrow dogs has been forbidden in the diseased area, but now a decision has been made to allow the use of vaccinated burrow dogs in burrow hunting in all of the country starting in November.

It is recommended that all dogs and cats be vaccinated.

Officials Concerned

54002423b Helsinki HELSINGIN SANOMAT
in Finnish 27 Oct 88 p 15

[Text] Control of rabies in the future depends on how successful the feeding of vaccines to animals in the wilds will prove, and on whether the disease will spread beyond its present perimeter. There are no plans for immediate new control efforts, but in order to decide what to do next spring, specimens are being collected to find out how successful the vaccination experiments have been so far. It seems likely that the experimental vaccination program will be continued, and a decision will be made early next year on the area to be vaccinated.

Saara Reinius, chief of the Veterinary Disease Office of the Ministry of Agriculture and Forestry presented a biannual report on the rabies situation at the veterinarians' congress held in Helsinki. The first rabies cases were detected in April, and up to now 52 cases have been recorded. In addition, two cats are on the list of suspected cases.

Over 1,100 animal specimens had been studied by mid-October. By the end of September, 240 people had been vaccinated against rabies, and two cases of contact between humans and infected animals—a cat and a raccoon—had been reported.

According to Reinius, the goal is to contain the disease at least so as to prevent infection of humans. Wiping out of rabies—if possible at all—will take years, and some projections estimate that it will not be achieved until 1994.

So far, rabies seems to have been contained inside the now vaccinated area with the exception of two localities, Hirvikoski and Lahti. However, it is difficult to assess the situation for sure, as only some of the animal victims have been discovered, and information from Central Europe on the spreading of the disease cannot be applied directly to the Finnish situation.

In Europe, rivers and cities have been found to deter the speed of the disease spreading, but traffic on rivers and between population centers is much heavier in Europe than in Finland. However, Kymijoki in Finland seems to be somewhat of a natural barrier.

In Finland, vaccinations of domesticated animals, hunting of small predators and feed vaccination experiments have been used to combat rabies. Over 40,000 batches of vaccine have been placed in the wild. Elsewhere in the world, this method of vaccination has been quite successful.

Seven European countries have experimented with vaccine baits, and the number of rabies cases has gone down appreciably.

However, these findings do not directly apply to the Finnish situation. The strain in Finland is different to that in Central Europe, and our winter is too long for the vaccine to stay effective. Another special problem in Finland is a high number of raccoons, which roam widely and require stronger vaccine dosages.

Out of the discovered rabies cases in Finland, the majority (38) were found in raccoons, 9 were detected in foxes, 2 in badgers, and 1 in dogs.

According to Reinius, this distribution reflects the significance of the raccoon as a host of the rabies virus. Unfortunately, little is yet known about its role in spreading the disease.

It has been newly reported in Europe that the rabies virus has been found in the saliva of symptomless or recovered foxes. The incubation time has also been found to be very long.

The origin of the infection in Finland can only be speculated on, Reinius says.

The wolf theory has it that a wolf has entered Finland from the south via the shores of the Gulf of Finland. According to the fox theory, the disease has been brought via Kouvola by foxes hiding in timber trains. Boats coming from Murmansk to the Kotka repair docks might have brought carriers according to the boat theory. It is also possible that the infection could have arrived with wild animals crossing the eastern border, and so better communication channels to the Soviet Union regarding rabies would be welcomed.

"However, it is strange that the infected area is so deep in the interior parts of the country," Reinius remarked. Rabies has been detected in an approximate area bordered by Anjalankoski, Loviisa, Orimattila and Kuusankoski.

Rabies may in theory be contracted by any warm-blooded animals, yet it is hardly possible that a hunter could be infected by a felled moose.

PORTUGAL

Report Notes New AIDS Cases, Deaths

54002422 Lisbon SABADO in Portuguese
22 Oct 88 pp 33-34

[Article by Jose Manuel Esteves]

[Text] According to a document drafted by the AIDS Work Group, 20 more suspected cases of AIDS were reported to the Epidemiological Center for Communicable Diseases in the months of April through June, inclusive. This raises the total number of cases here to 139.

The majority of the patients (122) are men, and 17 are women. Curiously enough, the age group most affected is 30 to 39, for both sexes, one of the most productive stages in life. The document makes it clear that no age group is spared, and there has even been one case reported in our country of a child infected by the mother.

Although the number of heterosexual patients who have no other risk factor is continuing to increase significantly, the groups at greatest risk in Portugal continue to be homosexuals and bisexuals.

The figures reported in the document are 64 and 53 cases, respectively, for these two groups. The number of AIDS cases among hemophiliacs is 11, and this group is followed on the scale of incidence by drug addicts, with eight reported cases.

The report of the AIDS Work Group indicates that 13 of the 139 cases reported originated in Africa. Only two patients are homosexuals, and the balance are heterosexuals.

Six of these patients live in Portugal. It is noted further that for cases with origins other than Africa, the number reported was five, with no variation seen from the preceding quarter.

In view of the real situation in Portugal, with its recent history of decolonization, it is important to mention here a work drafted by a study group made up of experts in the Faculties of Medicine and Pharmacy at the University of Lisbon. This report was presented at the Fourth International Conference on AIDS held in Stockholm, Sweden, between 12 and 16 June of this year. It was concluded from analyses of serum samples from former residents of Angola and Mozambique who returned to Portugal between 1973 and 1979 that none were infected with the AIDS virus. The explanation given for this phenomenon by the authors is that the spread of this disease occurred in those countries in a subsequent period.

The total number of deaths from AIDS in Portugal as of the end of June, again according to the report by the AIDS Work Group, was 71. This represents an increase of nine over the preceding quarter. The so-called opportunistic infections, diseases caused by microbes which normally do not affect the human organism, or do so extremely rarely if the defensive capacity of the body is intact, constitute the disease category which, by a wide margin over the others, is the leading cause of death. These diseases have caused the deaths of 52 AIDS patients.

Karposi's sarcoma is a rare tumor that, prior to the discovery of AIDS, was known to affect individuals over 60, being located in the body extremities, mainly the legs. It has become a pathology commonly diagnosed in a large number of AIDS patients. This type of tumor is the cause of death for eight out of every 17 AIDS patients.

The incidence of AIDS in Portugal is 11.9 persons per million. This figure, as can be seen from a report issued by the World Health Organization's Center for Collaboration on AIDS, is relatively low compared to the figures provided by the health authorities in Switzerland (66.5 persons per million), France (65.3 per million), and Denmark (51.4 per million). These are the European countries which seem to be most seriously affected. In the United States, the figure rises to 250 cases per million inhabitants.

Unlike what is happening in Portugal, the drug-dependent group is the second largest group affected by AIDS on the general European level, accounting for 21.3 percent of all the cases.

"Mite-Borne" Disease Threatens Apiculture
54002429 Lisbon DIARIO DE NOTICIAS
in Portuguese 4 Nov 88 p 22

[Text] The Iberian Peninsula should undertake a joint sanitation program combined with combat against the disease known as "varroose" which is decimating the bees, argues Helder Aguas, president of the the Apiculture Association of the Windward Algarve.

Helder Aguas said that the mite, which attacks the hives, has already spread to all the municipalities of the Algarve and that measures to combat the disease should include the importation of medicines which have already proved effective, as well as a sanitation program.

"This program should cover all of the Iberian peninsula, but if this is impossible, it should be conducted nationwide, or at least throughout the Algarve," said the beekeeper, who predicted "serious declines in production" in the next 2 years if suitable measures are not taken.

Helder Aguas advocated a battle campaign "in which all the beekeepers take part; it will not be successful if only some of them are engaged, because of the ease with which the disease is spread."

To educate the proper authorities on the problem, the association has invited all the beekeepers in the Algarve to take part in a meeting tomorrow at 1400 hours, at the Patacao, in Faro, with officials of the Regional Directorate of Agriculture and the General Directorate of Animal Husbandry.

Central Region Concerned

FRG technician Harald Hoppe, of the Animal Health Institute of Fraliburgo, warned that "varroose" could kill off most of the bees in Portugal.

"If steps are not taken, in the Beira region and in the country, about 50 to 80 percent of the bees will die of "varroose" in the next 2 years," the technician said.

Harald Hoppe was speaking at a meeting promoted by the Beiramel Cooperative of Apiculturists of the Inland Beira, in Castelo Branco.

"Varroose is" caused by a type of mite (female varroa/Iacobson's varroa). It is ovoid, about 1.5 millimeters wide and 1 millimeter long, chestnut-colored, and it feeds on the blood (hemolymph) of the bees.

Hoppe told the news agency Lusa that the zone of heavy infestation covers a 10- to 20-kilometer belt along the border with Spain.

The FRG technicians stressed that the most serious situation is in Malpica do Tejo, where whole hives have died and others are dying out, adding to the 2,000 hives that have died in a little over 3 years.

According to Hoppe, there are also "pockets of infection" in Gouveia and in Guarda.

"Varroose" can be eliminated, but, to do this, it will be necessary to decontaminate the hives, and the most suitable period for this is autumn and winter," said the FRG technician.

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